

JAN 26 2007

# FACSIMILE COVER SHEET

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From: Michael P. Straub, Esq.

Date: January 26, 2007

Number of Pages Including Cover: 17

MESSAGE: FORMAL SUBMISSION OF:

- 1) Transmittal;
- 2) Fee transmittal (in duplicate);
- 3) Request for a one (1) Month  
Extension of Time (2 pgs.); and
- 4) Amendment.

Attorney Docket No.: Verizon-36 (03-1506)  
Appl. No.: 10/678,328  
Applicants: Gaston S. ORMAZABAL, et al.  
Filed: October 3, 2003  
Title: NETWORK FIREWALL TEST METHODS AND APPARATUS  
TC/A.U.: 2857  
Examiner: Brandon S. Hoffman

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Michael P. Straub

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January 26, 2007

Date

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Modified PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**FEE TRANSMITTAL  
for FY 2006**

Effective 12/08/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 120.00)

## Complete If Known

Application Number	10/678,328
Filing Date	October 3, 2003
First Named Inventor	Gaston S. ORMAZABAL
Examiner Name	Brandon S. Hoffman
Art Unit	2857
Attorney Docket No.	Verizon-36 (03-1506)

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
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50-1049

Straub &amp; Pokotylo

The Commissioner is authorized to: (check all that apply)

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH &amp; EXAMINATION FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1000	500	Utility fee	
430	215	Design fee	
660	330	Plant fee	
1400	700	Reissue fee	
200	100	Provisional fee	
SUBTOTAL (1)			(\$ 00.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		-20** =		X		=	
Independent Claims		-3** =		X		=	
Multiple Dependent						=	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	**Reissue independent claims over original patent
1205 50	2205 25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 00.00)

\*\*or number previously paid, if greater, For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	120.00
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 500	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 500	2452 250	Petition to revive - unavoidable	
1453 1,500	2453 750	Petition to revive - unintentional	
1501 1,400	2501 700	Utility issue fee (or reissue)	
1502 800	2502 400	Design issue fee	
1503 1,100	2503 550	Plant issue fee	
Petitions to the Commissioner - check fee sheet			
1807 50	1807 50	Processing fee under 37 CFR 1.17(c)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 790	2809 395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 790	2810 395	For each additional invention to be examined (37 CFR 1.129(b))	
1801 790	2801 395	Request for Continued Examination (RCE)	
1802 800	1802 800	Request for expedited examination of a design application	

Other fee (specify)

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 120.00)

## SUBMITTED BY


Name (Print/Type)	Michael P. Straub	Registration No. (Attorney/Agent)	36,941	Telephone	(732) 542-9070
Signature	<i>Michael P. Straub</i>	Date	January 26, 2007		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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Approved for use through 10/31/2002. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/678,328
	Filing Date	October 3, 2003
	First Named Inventor	Gaston S. ORMAZABAL
	Group Art Unit	2857
	Examiner Name	Brandon S. Hoffman
Total Number of Pages in This Submission	Attorney Docket Number	Verizon-36 (03-1506)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Postcard Receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael P. Straub (Reg. No. 36,941)
Signature	<i>Michael P. Straub</i>
Date	January 26, 2007

CERTIFICATE OF FACSIMILE		
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